

<b>Case Number:</b>	CM14-0029779		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	04/30/2012
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 40-year-old female who reported an injury on 04/30/2012. The mechanism of injury was that the injured worker was lifting brake discs weighing approximately 40 pounds and had a heavy work shift of 8 hours of constant lifting, which caused the injured worker to experience immediate pain to her shoulder. The injured worker underwent a right shoulder scope with a cuff repair and lateral claviculectomy on 03/15/2013. The diagnosis was rule out recurrent cuff tear with adhesive capsulitis. The request was made for physiotherapy of the right shoulder at 2 to 3 times 6 and a right shoulder home exercise kit as well as a TENS unit. The documentation of 11/22/2013 revealed that the injured worker had complaints of right shoulder pain and soreness and difficulty sleeping. The objective findings included increased tenderness to palpation to the right shoulder with muscle spasms, and range of motion revealed flexion of 120 degrees, extension of 10 degrees and abduction of 90 degrees. There was a right impingement syndrome test that was positive. The treatment plan included physical therapy 2 to 3 times a week for 6 weeks and a right shoulder arthroscopic surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **PHYSICAL THERAPY ON RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy.

**Decision rationale:** The California MTUS Guidelines recommend physical medicine treatment for short-term relief during the early phases of pain treatment. However, they do not specifically address the shoulder and therapy for the shoulder was requested with the surgical request. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that medical treatment for rotator cuff syndrome is 10 visits over 8 weeks. The further indicate that when treatment duration and/or number of visits exceed the guidelines, exceptional factors should be noted. The clinical documentation submitted for review indicated that the injured worker had postoperative therapy for the shoulder. However, there was a lack of documentation indicating objective functional deficits to support the necessity for ongoing therapy. There was a lack of documentation indicating the number of sessions that the injured worker had previously attended. The request as submitted failed to indicate the quantity of visits being requested. Given the above, the request for physical therapy of the right shoulder is not medically necessary.